



457 DEFERRED COMPENSATION PLAN EMPLOYEE ENROLLMENT FORM



Complete this form to open an account with ICMA-RC by carefully reading the attached instructions and printing legibly in blue or black ink.

I. REQUIRED PERSONAL	INFORMATION						
mployer Plan Number E	mployer Plan Name						State
ocial Security Number (for tax-reporting pur	purposes) Date of Birth		Date Employed/Rehired				Rehire?
		//		/	/		
ll Name of Participant		Month Day	Year	Month	Day	Year	Check if yes
st			First				
ailing Address/Street							
у			State	e Zip Co			
b Title:			Email Ad	ldress:			
ytime Phone Number		Evening Phone Number			Gender	Gender Marital Status	
/	/	/ / /	/		- M F	Married	Single
2. BENEFICIARY DESIGNA	TION						
ease use whole percentages (e.g., 50%, n		e percentages total 100% when design	ating primary and co	ntingent beneficiari	es.		
rimary Beneficiary(ies): AME				P TO YOU* SOCIAL SECURITY NUMB (for tax-reporting purposes)			% OF BENEFII (whole %)
		/ /				_	(WHOLE 76)
		/				<u>-</u>	
		/					Total = 100
ontingent Beneficiary(ies), if any:							
		/					
		//					
The beneficiary relationship options	s are spouse, non-spous	e, trust, and charity.					Total = 100
3. CONTRIBUTION AMOU	NT						
pec <u>ify</u> the total percentage and/or dollar			-	lministratively possil	ble following the month in	which this form is	signed.
		from my pay					
Roth* deferrals of		from my pay ea er to confirm that Roth deferrals are o		oforo coloctina this	ontion		
·	, , ,	er to commin mar kom deterrais are of	nerea iii yoor pian bi	erore sereciniy iilis t	opnon.		
1. ALLOCATION OF CONT	KIRUTIONS						
out the fund codes and allocation percentages (must total 100%) to show how contributions to your account will be invested.				Code	ALLOC Percent	ATION Code	Percent
ist of funds and codes can be found on t n on how assets will be invested in the al	t. Read Section 4 of the form instruction	ns for informa-	Code	reiceili	Code	reiceili	
Not	e: Please use whole per	centages only.					
							TOTAL = 100
5. AUTHORIZED SIGNATU	IRES						
acknowledge that I have read and c this form is faxed to ICMA-RC, please do	agreed to the disclosure not mail the original.	in the form instructions (see 5).	Submit this form t	to your employer	promptly to avoid inv	estment delay.	
		/	//		Employee ID	For Employee II	Ico Only
articipant Signature uthorized Employer Official's Signat			/ / /		_ Employee ID	For Employer U	lse Only

ICMA-RC ● Attn: Workflow Management Team ● P.O. Box 96220 ● Washington, DC 20090-6220 ● Toll Free 800-669-7400 ● En Español 800-669-8216 ● www.icmarc.org ● Fax 202-682-6439 FRM570-004-0411-4755-01



457 DEFERRED COMPENSATION PLAN EMPLOYEE ENROLLMENT FORM INSTRUCTIONS

Before you complete this form, please read the accompanying literature in the 457 Enrollment Kit to ensure you understand the plan's provisions.

After your account at ICMA-RC has been established, you can make future changes to your account, such as address changes and/or fund transfers, using Account Access (www.icmarc.org) or by calling Investor Services at 800-669-7400. To change your name, marital status, or beneficiary designation, please use the *Employee Information Change Form*. You can download this form by accessing our Web site at www.icmarc.org/forms.

Once your enrollment is complete, you will receive a Welcome Letter from ICMA-RC confirming your account information. In addition, you will receive quarterly statements for your account. Please review these items carefully and notify ICMA-RC immediately of any errors.

IMPORTANT NOTE: Please do not delay in submitting this form to your employer. If we do not have your form by the time we receive your first deferral, we will be unable to invest your retirement plan assets, and they will be returned to your employer.

- PARTICIPANT INFORMATION Please complete this section carefully. The information will be used to establish your account. If you do not know the employer plan number, it is available from your employer or ICMA-RC's Investor Services at 800-669-7400.
- 2. BENEFICIARY DESIGNATION Print the name, date of birth, relationship to you, Social Security number, and percentage to be received for each of your beneficiaries. The beneficiary relationship options are spouse, non-spouse, trust, and charity. If this form is not signed, the beneficiary designation will not be valid. If a valid form is not on file at the time of your death, benefits will be paid as outlined in your employer's plan document (normally, to your estate).

Beneficiary percentages are invalid if your request omits percentages, included percentages that do not equal 100%, or is expressed with fractions (e.g., 331/3%).

For future updates to your beneficiary information, please use the *Employee Information Change Form*. You can download this form by accessing our Web site at www.icmarc.org/forms. Please note that beneficiary information cannot be updated over the phone.

The IRS has certain rules governing the distribution of funds to beneficiaries. These rules are outlined in your employer's plan document and ICMA-RC's Participant and Beneficiary Withdrawal Packets.

More than three beneficiaries — You are not limited to three primary and three contingent beneficiaries. To designate additional beneficiaries, (1) write "see attached sheet" on the primary and/or contingent beneficiary line(s) under "Name" and (2) attach and sign a separate piece of paper with your name, plan number, Social Security number, and additional beneficiary information.

If none of your primary beneficiaries are living upon your death, your assets will be distributed to your estate unless you have a designated contingent beneficiary.

Note: If a Social Security number is not provided for your beneficiary(ies) and ICMA-RC cannot locate the named beneficiary(ies), the account balance will be paid as outlined in your employer's plan document (normally, to your estate).

SPECIAL CERTIFICATION FOR PARTICIPANTS IN COMMUNITY PROPERTY STATES

— If you are married and live in a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, or WI), you must generally name your spouse as your beneficiary unless your spouse waives this right. ICMA-RC cannot be responsible for an employee's failure to properly designate a beneficiary in accordance with state law requirements and the employee's failure to provide the certification required by this enrollment process. Please be advised that failure to meet state law requirements with respect to your beneficiary designation may result in your beneficiary designation being invalid, and the payment of benefits to someone other than your intended beneficiary(ies). If you choose to name a beneficiary that is not your spouse, you and your

spouse will need to complete the *Community Property Spousal Waiver Form*. Contact 800-669-7400 for more information and to request the waiver form.

3. CONTRIBUTION AMOUNT — Use this section to specify the percentage and/or dollar amounts you will contribute to the plan. You can change your contribution amount at any time. Your initial contribution election, and any future changes, will be effective as of the first pay period of the calendar month following the date you submit your enrollment (or change) form.

Roth Deferrals — If offered by your plan, you can designate a portion (or all) of your contributions as Roth, which are made on an after-tax basis. These contributions, and associated earnings, can later be withdrawn tax-free if the requirements for a qualified distribution are met.

4. ALLOCATION OF CONTRIBUTIONS — Your contributions can be invested in one or more funds available to your plan (your employer may place restrictions on investment in certain funds). Use whole percentages for your allocations (e.g., 50%, not 33¹/3%). Do not use fixed dollar amounts. Please read Making Sound Investment Decisions: A Retirement Investment Guide and the appropriate prospectus for full descriptions of the funds. If no allocation instructions are provided, the percentages do not total 100%, or the allocation instructions are invalid, assets will be allocated to the default investment selected by your employer until additional instructions are received from you. Review the Notice Regarding Default Investments included in the 457 Enrollment Kit for more information.

PLEASE NOTE: The allocation instructions you provide will affect payroll contributions only. To specify the allocation for any rollover contributions from another eligible retirement plan, please contact ICMA-RC for the appropriate transfer form that will provide instructions on establishing a rollover allocation. In the absence of rollover allocation instructions, incoming rollover assets will be invested in your payroll contribution allocation, or in the default investment selected by your employer if your contribution allocation is not established.

Participants residing in New York State will have their investment allocated according to their payroll contribution allocation, per New York State plan rules.

5. AUTHORIZED SIGNATURES — Once you have completed this form, sign it and submit it to your employer for approval. If this form is faxed (202-682-6439) to ICMA-RC, please do not mail the original.

Note that by signing this form you acknowledge that you agree to the following disclosure:

I have received and read the current VantageTrust Company's Making Sound Investment Decisions: A Retirement Investment Guide and the appropriate prospectus. I understand that ICMA-RC has established required procedures for Internet and telephone transfers that include personal identification numbers, recording of instructions, and written confirmations. In the event I choose to transfer funds by Internet or telephone, I agree that neither the VantageTrust Company, ICMA-RC, ICMA-RC Services, LLC, nor Vantagepoint Transfer Agents, LLC, will be liable for any loss, cost, or expense for acting upon any Internet or telephone instructions believed by it to be genuine and in accordance with the required procedures.

An authorizing signature does not represent an obligation to use the Internet and telephone transfer feature.

Welcome to ICMA-RC!